



SDI Review Form 1.6

Journal Name:	Ophthalmology Research: An international Journal
Manuscript Number:	2014_OR_9533
Title of the Manuscript:	Non-surgical management of bilateral ectropion in a 5 hours old Collodion baby- a case report
Type of the Article	Case Study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
<u>Compulsory</u> REVISION comments	1. English needs serious editing 2. The patient's FBC and microbial culture did not reveal any infection yet the patient was placed on no less than 4 different antibiotics i.e. chloromycetin, ampicillin, gentamycin and cefuroxime. The science behind this is indefenceable. 3. Gauze patching for (presumably 10 days according to the photograph) could lead to amblyopia. The effect of this therapy on vision is not documented. 4. Two month follow-up is too short to substantiate the claim in the conclusion.	Topical antibiotic was used to prevent eye lid desiccation. The systemic antibiotic was commenced by the paediatric as a form of preventive measure because the parent applied local concoction on the neonate umbilical cord before presentation. Comment noted however the possibility of amblyopia develop is very rare because of the duration and non total patching of the eyes(the patch bandage was renewed twice daily) Comment noted however like most of study in Africa follow up is always a problem
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments	See comment above about antibiotic use.	